

State of Connecticut
Electronic Filing Test Package
Tax Year 2004
State changes are bolded

Form: CT-1040NR/PY

Test: **400-00-5708**

Based off Federal Test: 400-00-1014

Name: Test T Hunter

Home Address: (1234 LUKE THOMAS BLVD)
City, State, and Zip: **(COLUMBIA CT 06237)**

This test has 20 W-2s. Only the following 2 W-2's will change: (W-2 #2 and W-2 #4)

Form W-2 #2:

b. Employers identification number: (63-1234562)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 2)

f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(COLUMBIA CT 06237)

Box 8 Allocated Tips: **(0)**

Box 15 State and State ID Number: **(CT 007040-000)**

Box 16 State Wages: (2000)

Box 17 State Income Tax withheld: (120)

Form W-2 #4:

b. Employers identification number: (63-1234564)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 4)

f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(COLUMBIA CT 06237)

Box 15 State and State ID Number: **(CT 0107039-000)**

Box 16 State Wages: (1800)

Box 17 State Income Tax withheld: (126)

DIRECT DEPOSIT INFORMATION

ROUTING NUMBER: 053111674

BANK ACCT NUMBER: 1234445678

BANK ACCOUNT TYPE: CHECKING

0403100019

☐☐☐☐ 20 ☐☐**Form CT-1040NR/PY- 2004**

DRS Use Only

Connecticut Nonresident or Part-Year Resident Income Tax Return

Other taxable year, beginning: **2004** and ending:

400005708

Y S

MFJ/QW

MFS

HH

TEST

T HUNTER

NR Y PY.

1234 LUKE THOMAS BLVD

Form CT-2210 required.

No forms next year.

COLUMBIA

CT

06237

- | | | |
|---|-----|-------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line I) | 1. | 18260 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 41) | 2. | |
| 3. Add Line 1 and Line 2 | 3. | 18260 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52) | 4. | |
| 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) | 5. | 18260 |
| 6. Income from Connecticut sources (From Schedule CT-SI, Line 29) | 6. | 3800 |
| 7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0") | 7. | 18260 |
| 8. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X) | 8. | 93 |
| 9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000) | 9. | .2081 |
| 10. Multiply Line 9 by Line 8 | 10. | 19 |
| 11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61) | 11. | |
| 12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0".) | 12. | 19 |
| 13. Connecticut Alternative Minimum Tax (from Form CT-6251) | 13. | |
| 14. Add Line 12 and Line 13. | 14. | 19 |
| 15. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801) | 15. | |
| 16. Connecticut Income Tax (Subtract Line 15 from Line 14. If less than zero, enter "0".) | 16. | 19 |
| 17. Individual Use Tax (From Schedule 3, Line 62) If no tax is due, enter "0" | 17. | 50 |
| 18. Total Tax (Add Line 16 and Line 17) | 18. | 69 |

Clip Check or Money Order here (Do Not Staple).
Do Not Attach W-2, W-2G, or 1099 Forms.

0403100019

0403100019

19. Amount from Line 18 (Total Tax)

19.

69

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A		Column B		Column C
	Employer Identification Number		Connecticut Wages, Tips, Etc.		Connecticut Income Tax Withheld
20a.	631234562	•	2000		120
20b.	631234564	•	1800		126
20c.		•			
20d.		•			
20e.		•			
20f.		•			
20g.		•			

20h. Enter additional Connecticut withholding from Schedule CT-1040WH, Line 3. 20h.

20. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 20. 246

21. All 2004 estimated tax payments and any overpayments applied from a prior year 21.

22. Payments made with Form CT-1040EXT (Request for extension of time to file) 22.

23. **Total Payments** (Add Lines 20, 21, and 22) 23. 24624. **Overpayment** (If Line 23 is more than Line 19, subtract Line 19 from Line 23.) 24. 177

25. Amount of Line 24 you want applied to your 2005 estimated tax

25.

Contributions	26a. AR	5	26b. OT	5	26c. ES/W	5
	26d. BCR	10	26e. SNS	10		

26. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 26a - 26e) 26. 3527. **Refund** (Subtract Lines 25 and 26 from Line 24)

For faster refund, choose Direct Deposit and complete Lines 27a, 27b, and 27c.

27.

142

27a. Acct. Type Y Ck. Sv. 27b. Rout. # 053111674 27c. Acct. # 1234445678

28. **Tax Due** (If Line 19 is more than Line 23, subtract Line 23 from Line 19) 28.

29. If Late: Enter Penalty (Multiply Line 28 by 10% (.10)) 29.

30. If Late: Enter Interest (Multiply Line 28 by number of months late or fraction thereof, then by 1% (.01)) 30.

31. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, page X) 31.

32. **Total Amount Due** (Add Lines 28 through 31) 32.

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your Signature

Date

Daytime Telephone Number

Spouse's Signature (if joint return)

Date

Daytime Telephone Number

Paid Preparer's Signature

Date

Telephone Number

Preparer's SSN or PTIN

Firm's Name, Address, and ZIP Code

FEIN

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name

Telephone Number

Personal Identification Number (PIN)

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut 33.
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 34.
35. Special depreciation allowance for qualified property placed in service during this year 35.
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 36.
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) 37.
38. Loss on sale of Connecticut state and local government bonds 38.
39. *Allocated for future use* • 39.
40. Other - specify • 40.
41. **Total Additions** (Add Lines 33 through 40) Enter here and on Line 2. 41.
42. Interest on U.S. government obligations 40.
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 43.
44. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page X) 44.
45. Refunds of state and local income taxes 45.
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 46.
47. Special depreciation allowance for qualified property placed in service during the preceding year 47.
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) 48.
49. Gain on sale of Connecticut state and local government bonds 49.
50. *Allocated for future use* • 50.
51. Other - specify (Do not include out of state income) • 51.
52. **Total Subtractions** (Add Lines 42 through 51) Enter here and on Line 4. 52.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year (See instructions) 53.

Col. A

Col. B

54. Enter qualifying jurisdiction's name and two-letter code 54. • •
(See instructions)
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X) 55.
56. Divide Line 55 by Line 53 (May not exceed 1.0000) 56. • •
57. Apportioned income tax (See Instructions, Page X) 57.
58. Multiply Line 56 by Line 57 58.
59. Income tax paid to a qualifying jurisdiction (See instructions, Page X) 59.
60. Enter the lesser of Line 58 or Line 59 60.
61. Total credit (Add Line 60, all columns). Enter here and on Line 11. 61.

Column G

[illegible]

- Total of individual purchases under \$300 not listed above

62. Individual Use Tax

- 62.

50

<p>Make your check or money order payable to: “Commissioner of Revenue Services”</p> <p>To ensure proper posting, write your SSN(s) and “2004 Form CT-1040NR/PY” on your check or money order.</p>		
<p>Mail to:</p>	<p>For refunds and all other tax forms without payment:</p> <p>Department of Revenue Services PO Box 2988 Hartford CT 06104-2988</p>	<p>For all tax forms with payment:</p> <p>Department of Revenue Services PO Box 2922 Hartford CT 06104-2922</p>

Schedule CT-SI

2004

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut
Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social Security Number
		____ : ____ : ____
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number
		____ : ____ : ____

IMPORTANT: SEE INSTRUCTIONS ON PAGE 25 BEFORE COMPLETING THIS SCHEDULE.

PART 1 — CONNECTICUT INCOME — Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of **Schedule CT-1040AW** and enter the totals on Lines 1 through 29 below. **Nonresidents:** Enter income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1		
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10		
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income (including lump-sum distributions)	14		
15. Gross income from Connecticut sources (Add Lines 1 through 14)	15		00

PART 2 — ADJUSTMENTS TO CONNECTICUT INCOME — Enter adjustments that are **directly** related to income reported above.

16. Deduction for clean fuel vehicles	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. IRA deduction	18		
19. Student loan interest deduction	19		
20. Tuition and fees deduction	20		
21. Health savings account deduction	21		
22. Moving expenses	22		
23. One-half of self-employment tax	23		
24. Self-employed health insurance deduction	24		
25. Self-employed SEP, SIMPLE, and qualified plans	25		
26. Penalty on early withdrawal of savings	26		
27. Alimony paid. Recipient's last name: _____ SSN ____ - ____ - _____	27		
28. Total adjustments (Add Lines 16 through 27)	28		
29. Income from Connecticut sources (Subtract Line 28 from Line 15) Enter the amount here and on Form CT-1040NR/PY , Line 6	29		00

EMPLOYEE APPORTIONMENT WORKSHEET — Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not Complete Lines A through G if you know the exact amount of your Connecticut source income.** (See instructions, Page X.)

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days (Add Line A and Line B)	C	
D. Nonworking days (holidays, weekends, etc.)	D	
E. Connecticut ratio (Divide Line B by Line C. Round to four decimal places.)	E	.
F. Total income being apportioned	F	
G. Connecticut income (Multiply Line E by Line F) Enter here and on Schedule CT-SI , Line 1	G	
Basis, if other than working days: _____		

Schedule CT-1040AW

2004

Part-Year Resident Income Allocation

Part-year residents **MUST** complete this Schedule before completing Schedule CT-SI

Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social Security Number ____-____-____
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number ____-____-____

PART 1 – ADJUSTED GROSS INCOME Married persons filing separate Connecticut income tax returns should complete separate worksheets.		Federal Income as Modified (See instructions, Page X)	Connecticut Resident Period	Connecticut Nonresident Period	
		COLUMN A Income from federal return	COLUMN B Income from Column A for this period	COLUMN C Income from Column A for this period	COLUMN D Income from Column C from Connecticut sources
1. Wages, salaries, tips, etc.	1				
2. Taxable interest	2				
3. Ordinary dividends	3				
4. Alimony received	4				
5. Business income or (loss)	5				
6. Capital gain or (loss)	6				
7. Other gains or (losses)	7				
8. Taxable amount of IRA distributions	8				
9. Taxable amount of pensions and annuities	9				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10				
11. Farm income or (loss)	11				
12. Unemployment compensation	12				
13. Taxable amount of social security benefits	13				
14. Other income (including lump-sum distributions) ...	14				
15. Add Lines 1 through 14	15	00	00	00	00

PART 2 – ADJUSTMENTS TO INCOME	
16. Deduction for clean-fuel vehicles	16
17. Certain business expenses of reservists, artists, and fee-basis government officials	17
18. IRA deduction	18
19. Student loan interest deduction	19
20. Tuition and fees deduction	20
21. Health savings account deduction	21
22. Moving expenses	22
23. One-half of self-employment tax	23
24. Self-employed health insurance deduction	24
25. Self-employed SEP, SIMPLE, and qualified plans ...	25
26. Penalty on early withdrawal of savings	26
27. Alimony paid	27
28. Total adjustments (Add Lines 16 through 27)	28
29. Subtract Line 28 from Line 15	29

Add Columns B and D for each line and enter the totals on Lines 1 through 29 on Schedule CT-SI.

PART 3 – PART-YEAR RESIDENT INFORMATION

Moved Into Connecticut

1. Date **you** moved into Connecticut ____/____/____ and state of **prior** residence: _____
2. Date **your spouse** moved into Connecticut ____/____/____ and state of **prior** residence: _____

Moved Out of Connecticut

1. Date **you** moved out of Connecticut ____/____/____ and state of **new** residence: _____
2. Date **your spouse** moved out of Connecticut ____/____/____ and state of **new** residence: _____

Income From Connecticut Sources During Nonresident Period

1. Did **you** receive income from Connecticut sources during your nonresident period? YES ☐ NO ☐
2. Did **your spouse** receive income from Connecticut sources during his or her nonresident period? YES ☐ NO ☐

COMPLETE AND ATTACH TO FORM CT-1040NR/PY

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign
(See page 16.)L
A
B
E
L

H
E
R
E

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

▲ Important! ▲

You **must** enter your SSN(s) above.

You	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, **do not** check box 6ab ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. **Do not** include on line 8a 8b
- 9a Ordinary dividends. Attach Schedule B if required 9a
- b Qualified dividends (see page 20) 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or C-EZ 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a IRA distributions 15a b Taxable amount (see page 22) 15b
- 16a Pensions and annuities 16a b Taxable amount (see page 22) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount (see page 24) 20b
- 21 Other income. List type and amount (see page 24) 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22

Adjusted Gross Income

- 23 Educator expenses (see page 26) 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 IRA deduction (see page 26) 25
- 26 Student loan interest deduction (see page 28) 26
- 27 Tuition and fees deduction (see page 29) 27
- 28 Health savings account deduction. Attach Form 8889 28
- 29 Moving expenses. Attach Form 3903 29
- 30 One-half of self-employment tax. Attach Schedule SE 30
- 31 Self-employed health insurance deduction (see page 30) 31
- 32 Self-employed SEP, SIMPLE, and qualified plans 32
- 33 Penalty on early withdrawal of savings 33
- 34a Alimony paid b Recipient's SSN ▶ 34a
- 35 Add lines 23 through 34a 35
- 36 Subtract line 35 from line 22. This is your **adjusted gross income** 36

